١.	• PATENT APPLICATION FEE DETERMINATION RECORD							Application or Docket Number			
Effective December 8, 2004									0	1539	950
		CLAIMS	AS FILED - PA (Column 1)	S FILED - PART I (Column 1) ((SMALL ENT	ΓΙΤΥ 	OR	OTHER SMALL	
U.S. NATIONAL STAGE FEES]	RATE	FEE		RATE	FEE
BÁSIC FEE			SMALL ENT. = \$	150 LAR	GE ENT. = \$ 300	1	BASIC FEE	150	OR	BASIC FEE	
EXAMINATION FEE			Satisfies PCT Article (4) = \$50/\$10		other situations = \$ 100 / \$ 200	1	EXAM. FEE	IUD		EXAM FEE	
SEARCH FEE			U.S. is ISA = \$ 50 / ALL other countrie \$ 200 / \$ 400	Allo	thersituations = \$ 250 / \$ 500		SEARCH FEE	ZW		SEARCH FEE	
FEE FOR EXTRA SPEC. PGS.			minus 1	00 =	/ 50 =		X \$ 125 =	:	:	X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			a3 minus	20 = .	3		X \$ 25 =	3	OR	X \$ 50 =	
INDEPENDENT CLAIMS			/ minus	3=.	0		X \$ 100 =		OR	X \$ 200 =	
MUL	TIPLE DEPEN	DENT CLAIM PRI	ESENT	····			+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL	525	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Cotumn 1) (Cotumn 2) (Cotumn 3)							SMALL E	NTITY	OR	OTHER SMALL E	
AMENDMENTA	6/17/0	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 23	Minus **	23	= Ø		X \$ 25 =	0	OR	X \$ 50 =	
	Independent	• /	Minus		- Ø		X \$ 100 =	0	OR	X \$ 200 =	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =	0	OR	+ \$ 360 =	
							TOTAL ADDIT. FEE	0	OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• .	Minus **		3		X \$ 25 =		OR	X \$ 50 =	
	Independent	•.	Minus		=.		X \$ 100 =		OR	X \$ 200 =	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+\$ 180 =		OR	+ \$ 360 =	
	'	·	· · · · · · · · · · · · · · · · · · ·			. •	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
			•		•						
•	If the entry in each	mn 1 is loss than the	A cotor la calema 2 mail	ie 70° in colum	n 3.						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".											

FORM PTO-675 (Rev. 02/2005)

Application or Docket Number